

## ABSTRACTS

### EAR

*The Labyrinth.* MAXWELL ELLIS. (*Lancet*, 1940, ii, 371.)

The author reviews the work done on the labyrinth from Bárány and Ewald to recent times, and concludes that the conception that it has two distinct physiological actions, kinetic and static, needs modification. Nothing especially novel is included, but the review is valuable as a record of work done in the past four decades.

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*The Prevention of Deafness.* S. J. CROWE, M.D.,  
and JOHN W. BAYLOR, M.D. (Baltimore). (*Jour. A.M.A.*,  
February 18th, 1939, cxii, 7.)

Detailed observations were recorded by the authors on sixty children, some of whom have been observed as long as ten years. Nasopharyngoscopic examinations were made on children with deafness for high tones that failed to clear up after tonsil and adenoid operation. These showed a condition in the nasopharynx identical with granular pharyngitis and, in addition, overgrowth of lymphoid tissue, in and around the pharyngeal openings of the Eustachian tubes.

A long continued partial obstruction of the tubes in children causes retraction of the tympanic membranes, impaired hearing for high tones with relatively good hearing for low tones, and sometimes a total loss of hearing by bone conduction.

The most satisfactory method of treatment is with irradiation by radium or Roentgen rays. For radium, an applicator is made of flexible steel wire threaded for the attachment of a piece of brass tubing one and a half centimetres in length, which is closed at one end. The radium is placed in the brass tube, the wall of which is one millimetre thick, and which filters out most of the beta rays. From two to two and one-half gram minutes is used on each side of the nasopharynx.

The radium does not permanently remove the hyperplastic lymphoid tissue, and the treatments may have to be repeated during the age periods in which it grows most rapidly.

After a cold the original condition may recur with consequent loss of hearing. This shows that impairment or even total loss of hearing for high tones and for bone-conducted sounds does not necessarily imply an inner-ear lesion.

Seven charts and five case reports are included in the article.

ANGUS A. CAMPBELL.

## Ear

### *Recurrence of Otitic Infections due to the Beta-Hemolytic Streptococcus.*

JOHN MARQUIS CONVERSE, M.D. (New York). (*Jour. A.M.A.*, October 7th, 1939, cxiii, 15.)

The writer reports a series of seven severe ear infections in which it appears likely that premature cessation of sulfanilamide therapy was followed by a recurrence and extension of the original infection. Case number six developed septic thrombophlebitis on the right side which apparently was masked by negative blood cultures obtained when the patient was receiving small doses of sulfanilamide. Cases five, six and seven developed late meningitis after mastoidectomy and sulfanilamide therapy. All patients recovered but it required large doses of sulfanilamide to sterilize the spinal fluid.

Premature cessation of the drug therapy on clinical evidence alone, permits exacerbation of the infection in patients whose defensive mechanism is not prepared to deal with residual living streptococci. In case five, the blood antibody was low before and after therapy. The laboratory studies which are required for the effective use of sulfanilamide necessitate hospitalization of patients under treatment.

The clinical experience with sulfanilamide at the Massachusetts Eye and Ear Infirmary has led to the belief that sulfanilamide should be reserved for the treatment of spreading or life-endangering infections. It should not be used as an adjunct to the usual measures for the treatment of infections of minor severity.

ANGUS A. CAMPBELL.

### *Ménière's Syndrome.* JOHN H. TALBOTT, M.D., and

MADELAINE R. BROWN, M.D. (Boston). (*Jour. A.M.A.*, January 13th, 1940, cxiv, 2.)

In a study of forty-eight patients with Ménière's syndrome, the concentrations of the acid-base constituents of the serum were determined and tabulated on twenty-eight patients. The constituents included total fixed base, sodium, potassium, calcium, chloride, total carbon dioxide, phosphate, protein, and non-protein nitrogen. No constant variation from normal in the concentration of the constituents was observed. Four bloods, however, which were taken during an acute attack, showed an increased concentration of serum potassium and a decreased concentration of serum sodium.

An attempt was made to induce an attack experimentally in four patients. Large amounts of sodium salts were given intravenously and orally. This increase was accomplished in each case but without any exacerbation of symptoms. It was concluded that hydration, alkalosis, or an elevated serum sodium are not a necessary accompaniment to acute Ménière's syndrome.

## Abstracts

All patients seen during the past eighteen months have been treated by high potassium intake, and all have benefited though none have been cured.

The article has three tables and a bibliography.

ANGUS A. CAMPBELL.

### BRONCHUS

*The Bronchoscopist and the Thoracic Surgery Team.*  
M. F. ARBUCKLE, M.D., and A. C. STUTSMAN, M.D. (St. Louis).  
(*Jour. A.M.A.*, October 7th, 1939, cxiii, 15.)

Thoracic surgery team work must be carried out by a group, each member of which has been thoroughly trained for his particular job. In the epoch-making developments in thoracic surgery during the past ten years, probably the greatest single step has been the early and actual diagnosis by direct inspection of the lesion, and the study of specimens obtained during the course of this inspection.

The percentage of cures obtained by bronchoscopic treatment in cases of lung abscess demonstrates the necessity of using this method of treatment.

In establishing the cause and location of unexplained pulmonary bleeding, bronchoscopic inspection has been found most helpful. No unfavourable reaction has resulted from the necessary manipulation, and the writers feel that the best time for such examination is while the bleeding is active.

Bronchoscopy, of course, is the accepted method for the removal of foreign bodies and is the only approach for applying direct treatment to localized tubercular lesions.

The article has fifteen figures and a bibliography.

ANGUS A. CAMPBELL.

### MISCELLANEOUS

*Simultaneous Immunisation against Whooping-cough and Diphtheria.*  
A. H. SCHUTZE. (*Lancet*, 1940, ii, 192.)

The author finds that experiments on guinea-pigs and rabbits demonstrate the compatibility of diphtheria toxoid and pertussis vaccine. In neither case does the antigenic potency of the one suffer by the inclusion of the other in the inoculum. It may be concluded that it is both convenient and effective to immunize simultaneously against diphtheria and whooping-cough in children.

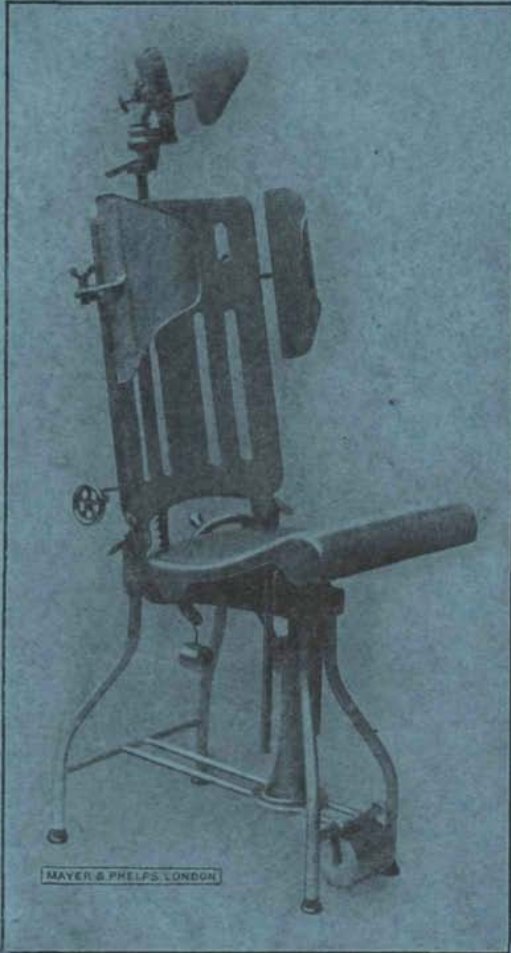
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# OPERATION CHAIR

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